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**FACSIMILE TRANSMISSION COVER SHEET**

Date: June 3, 2008

To: United States Patent and Trademark Office  
Examiner: Levi, Dameon E.; Art Unit: 2841

Fax: (571) 273-8300

Re: **Application Serial No.: 10/623,243**  
Filing Date: 7/17/2003; First-Named Inventor: Alawani  
Attorney Docket No.: 0140111

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 20

Message:

Enclosed please find the Amendment and Response to Non-Final Office Action dated February 5, 2008.

Payment for First Month Extension Fee in the Amount of \$120.00 is hereby enclosed on Form PTO-2038.

Thank you.

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Attorney Docket No.: 0140111

### AMENDMENT COVER SHEET

IN RE APPLICATION OF: Alawani, et al.

SERIAL NO.: 10/623,243 FILED: July 17, 2003

FOR: Overmolded MCM with Increased Surface Mount Component Reliability

HONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- ☐ No additional fee is required.
- ☒ The fee has been calculated as shown below:

	RATE Non-Small Entity	RATE Small-Entity	FEE
<input checked="" type="checkbox"/> EXTENSION FEE			
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$ 120.00
SECOND MONTH AFTER TIME PERIOD SET	460.00	230.00	\$ 460.00
THIRD MONTH AFTER TIME PERIOD SET	1,050.00	525.00	\$ 1,050.00
FOURTH MONTH AFTER TIME PERIOD SET	1,640.00	820.00	\$ 1,640.00

☒ TOTAL EXTENSION FEE \$ 120.00

☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS		MINUS **	* = 0	x 50	x 25	\$
INDEPENDENT		MINUS ***	* = 0	x 210	x 105	\$
First presentation of multiple dependent claim				+ 370	+ 185	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00


- \* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- \*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- \*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

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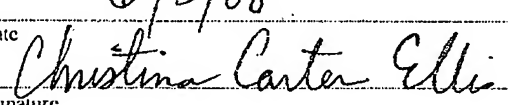
Attorney Docket No.: 0140111

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☒ Enclosed is the total fee of \$ 120.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 6/3/08By:   
Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

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Date

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Christina Carter Ellis  
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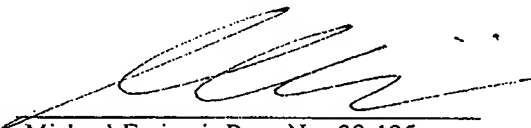
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